

Michigan Department of Community Health
Office of Long-Term Care Supports & Services
Single Point of Entry Informational Forum
August 28, 2006

Participant Questions and Responses

Nursing Home Transition to the Community

- Q1** *If we have residents in Macomb County who live in Wayne County/Detroit, will we be able to refer them to the Detroit SPE for services? Will they have to go to the site, or will services be offered “in home” as well?*
- A1** Detroit SPE services are available to any person who resides in its geographic service area. Options counselors will be available to make in-home visits if necessary to meet the needs of the consumer.

Hospital Discharge Planning

- Q2** *How will discharges from hospitals be affected?*
- A2** The aim of having a single point of entry entity involved with individuals hospitalized and in need of long-term care services is to assist these individuals and those closest to them in knowing options available, and in accessing those options that are preferred by the individual. Thus, the point of involvement for options counseling is at the earliest point at which it appears that LTC services will be needed. This may not be known until some time during the course of hospital care, but in some cases it may be a matter known at the point of admission or even prior to that point. Early involvement will best assist the individual as well as health care providers in partnering to provide prompt information and options counseling. Local memorandums of understanding between the hospital and the SPE are intended to assure that options counselors are readily available, even co-located in hospital settings, to assist informed decision-making prior to discharge for the hospital patient in need of long term care services. Options counselors will not impede the discharge process; their involvement ought to facilitate the best outcome for the individual at that time, and in doing so, aid the hospital in achieving a timely and appropriate discharge.
- Q3** *Will the SPE be involved at the hospital level in terms of discharge planning and does it involve just Medicaid patients?*
- A3** Through local memorandums of understanding, the SPE will have options counselors available to serve all hospitals in the SPE’s geographic service area. The options counselors will assist the hospital’s discharge planners in planning for the patient’s post-hospital residential arrangements and care needs.

Coordination

Q4 *What coordination will be required between the Detroit SPE and the Henry Ford PACE program?*

A4 While not required, coordination between programs is encouraged to ensure that individuals are provided with the information and assistance needed to plan for and access long term care services. At a minimum, as the primary point of entry into Medicaid-funded long term care services, the SPE will act as a referral source for individuals wishing to enroll in the PACE program where one exists.

Q5 *How will the SPE affect the LTC counseling currently done by CBC and MMAP? Both programs have a long history of providing this service.*

A5 It is expected that the SPE will work closely with local stakeholders, including CBC and MMAP, to ensure the efficient and effective delivery of options counseling to individuals who need it. It is anticipated that CBC and MMAP will be collaborative partners of local SPE entities, acting as both a source of referrals for as well as the recipient of referrals from the SPE. Both are important partners in delivering benefits counseling services in the community.

Q6 *Will the SPE demonstration projects be coordinated with the joint DCH/MSHDA affordable assisted living initiative that was recently unfolded?*

A6 Yes to the extent they are serving the same geographic service area. SPEs will be responsible for working with both residents and housing managers to provide information and assistance in long term care residential planning. They will further be responsible for conducting level of care determinations for individuals wishing to access Medicaid-funded supports and services and facilitating person centered planning.

Q7 *When do you anticipate the beginning of operational interface/referrals into the PIHP systems and supporting/serving the developmentally disabled population? How can PIHPs and supports coordinating agencies assist in the process?*

A7 The SPEs are intended to serve the elderly and adults with disabilities. The only planned interface with the mental health/developmental disabilities PIHP system is for those individuals who are eligible for and require services from that system whose initial contact is with the SPE entity, and for those who may require LTC services in addition to services available through the mental health/developmental disabilities system. Individuals who are eligible for services through the public mental health system are the responsibility of the mental health/developmental disabilities system.

Q8 *Can you explain the impact of the SPE on OBRA and dementia exception status?*

A8 The SPE has no impact on OBRA.

Intake

Q9 *How will this affect the admission process to nursing homes?*

A9 Because use of the SPE is not mandatory, the initial affect on nursing homes will be limited. It is hoped that nursing homes will voluntarily partner with SPEs to conduct the required level of care (LOC) determination for new admissions. As an incentive, MDCH aims to develop policy guidance that will not hold nursing homes responsible for the cost of care provided to individuals who are incorrectly deemed eligible by the SPE using the LOC tool.

Q10 *Last year the state rolled out a level of care determination tool to determine if a person is appropriate for nursing home care. Will there be an equivalent objective tool across all levels of care or will the appropriate level of care be determined subjectively.*

A10 Medicaid law and regulation dictates that a state utilize the same method to determine eligibility for LTC for nursing facilities, PACE programs and the state's Home & Community Based Services programs, in Michigan's case, MI Choice. If and when the LOC methodology is modified, it will be applied in a similarly standard manner. Therefore, eligibility for nursing facility care will not be determined in a subjective or arbitrary manner.

Training

Q11 *Will there be a statewide uniform training curriculum for SPE staff including specific modules in issues such as mental health, younger disabled consumers, dementia, etc.?*

A11 To achieve a consistent and quality response across demonstration sites, uniform guidance will be provided. Local SPE entities will also be expected to work with their local counterparts in assuring that these needs and service options are commonly understood at the local level.

Q12 *How are you involving/educating case managers and social workers in the acute care settings about the SPE program in an effort to better educate/direct their clients to the appropriate settings and services post a hospital stay?*

A12 A primary focus of SPE outreach will be to work with acute care practitioners to increase their knowledge and acceptance of post-hospitalization options other than nursing facilities. To the extent that these practitioners are unaware of all of the options for LTC supports and services, they will be unable to assist in helping individuals know the range of opportunities.

Housing

Q13 *Will Medicaid pay for assisted living services if the consumer desires?*

A13 Currently, the MI Choice waiver may provide services to individuals who live independently, so those residing in unlicensed assisted living settings may receive support from the MI Choice program. At this time, the MI Choice waiver program does not provide services to individuals who are cared for in licensed residential care (Adult Foster Care or Homes for the Aged) settings

that are unlicensed. The Long-Term Care Task Force recommended that this option be added to the Medicaid program. Therefore, during the upcoming planning process for the MI Choice waiver renewal application, this option will be carefully considered. It is felt by many that individuals who now have no choice, but to enter a nursing facility when MI Choice waiver services in their home are not working, would be able to receive appropriate care in specialized licensed residential settings, were the MI Choice waiver program to include this option. Making this change will necessitate a careful examination of approaches to meet the added cost of this waiver service. Medicaid, however, may not be used to pay the costs of room and board in these licensed residential settings; Medicaid only pays the cost of room and board, in addition to care, in licensed institutional care settings, e.g. hospitals and nursing facilities.

Q14 *If Medicaid money is used for AFC and assisted living, will there be regulations and inspections like nursing homes?*

A14 “Assisted living” is not a statutorily defined type of care. Some settings denoted as assisted living are unlicensed; others are licensed. In unlicensed settings the individual is deemed to be in an independent living arrangement and existing MI Choice waiver program standards apply. In a licensed setting, the provider has a statutorily defined responsibility to assure for room and board as well as care, and the resident is typically dependent upon the provider. Licensing requirements impose standards for the care and residential support that must be furnished by the provider, and there are annual inspections as well as complaint investigations. The regulations governing these, however, are not the same as those governing nursing facilities. If the MI Choice waiver is expanded to pay for care in licensed residential care settings, there will likely be a set of standards that accompany the use of these specialized funds as there are for the use of specialized funds for such settings through the mental health system. To date, no planning work has been conducted towards this expanded option.

Q15 *As assisted living facilities pop up and offer increasingly more “clinical” services, will the state take an active role in regulating them?*

A15 In Michigan, assisted living is a marketing tool to describe housing with supports; there is no current governmental denotation of any care arrangement as “assisted living.” Adult foster care homes and homes for the aged are housing with supports models that are licensed by the state. The OLTCSS is concerned that consumers be protected from misleading marketing and will examine options for regulatory and other mechanism to support quality. State regulation of unlicensed assisted living would require a statutory basis in legislation enacted by the Michigan Legislature.

Options Counseling

Q16 *Is there a definition of options counseling in place? How does it differ from care management?*

A16 A care manager conducts the assessment and leads the service planning process for an individual eligible for MI Choice services, using a person-centered planning process. The care manager subsequently oversees the authorization of services in accordance with the service plan, then monitoring the provision of those services by providers chosen by the person who furnish the

services. An options counselor works with the individual in need of LTC assistance along with others the individual chooses to involve, in order to assist the person to examine available options and to facilitate an understanding of options in line with the person's preferences. The options counselor may even assist the person to develop a general support plan, and will assist them in understanding and obtaining access to desired services. Options counselors may, with the agreement of the person, periodically review the person's service arrangements and assist them with transitioning from one care arrangement to another over time, based on need and preferences.

Q17 *Will options counselors perform a thorough assessment of consumers' needs, strengths, dreams, etc.?*

A17 Options counselors will engage individuals in need of LTC assistance in a dialogue to determine needs, strengths and preferences, including facilitation of discussions among the person and those closest to them about options and how they may align with the person's preferences. Individuals will be provided with information about all long term care options and assisted to examine how these meet their needs and preferences. A general plan support plan incorporating the consumer's choices will be developed. Referrals to providers will be made based on the plan. Options counselors will also conduct the functional eligibility determination and will assist in preparation of application for financial eligibility.

Q18 *Will options counselors follow consumers from one setting to another? How will that take place?*

A18 Options counselors will maintain regular contact with consumers, they will review with the consumer their goals and expectations. Help with transition from one setting to the next, when desired, will be provided.

Q19 *If the SPE won't be developing person centered plans, will every provider be required to develop a person centered plan?*

A19 The options counselors will develop, with the consumer a general support plan that identifies settings, but does not provide for the detailed care assessment or care plan that would be done by the consumer's chosen provider. This will be done using the principles of person-centered planning. The general support plan will give the provider a good basis for understanding the client's preferences and choices. The provider will be expected to develop the individual's specific plan of services and supports, and to authorize needed services as a result, within the scope of the provider's responsibilities. In doing so, the provider should use a person-centered planning process which engages others chosen by the consumer, and which facilitates discussion of the person's whole life, their preferences and the best way to meet their long-term care needs in ways that achieve those preferences.

Impact on DHS

Q20 *As the SPE progresses and information and assistance expands, DHS workers – Medicaid and Adult Home Help Workers – will be greatly impacted. How do you plan to offset the increased workload for these DHS workers?*

A20 DCH has committed to work in partnership with DHS to measure the added impact this initiative has on DHS workers. A process will be developed jointly with DHS to establish baseline workload demands and track change on a county-by-county basis, ascertaining the extent to which changes are due to SPE activity. The two Departments are committed to jointly advocate for increased funding through the state budget process to address identified staffing shortages, should they occur, within the SPE counties.

Impact on MI Choice Waiver

Q21 *How many new waiver slots will be available so that SPEs can offer real choices?*

A21 The original intent was to assure 350 waiver slots for use within SPE regions. The segmenting of the LTC funds to separate appropriations lines in the MDCH FY 2007 budget may impede achieving this intent, as funds cannot be made readily available by the department for additional waiver slots. The department will continue to monitor the costs and projected savings associated with SPE activity. As the state's budget permits, MDCH will work with the legislature to expand the number of MI Choice waiver slots that might be made available to the SPEs. It is expected that a better sense of how to address this need can be accomplished within the next three months.

Q22 *How can you offer true options when there is a 3,000 person waiting list for the MI Choice waiver right now?*

A22 It will be a challenge; without sufficient resources the options will necessarily be limited. The SPE demonstrations were never intended to be the single method by which the many issues involving LTC and resource needs should be addressed. Concerned parties must continue their advocacy roles. Progress toward increasing options in the delivery of LTC supports and services in different settings will be incremental. A pivotal role of the SPE will be to quantify the need for expanded community-based care options and demonstrate the necessity for implementation of funding mechanisms that allow money to follow the person into their desired setting of care. In any event, the SPE will be in a good position to monitor need and demand, and measure actual disposition and cost-benefits as compared to desired disposition and alternative cost-benefits.

Q23 *How do you anticipate access to the MI Choice program changing in regions with SPEs?*

A23 The MI Choice program is not being changed in those areas with SPE demonstration projects. If the department can find ways to provide increased waiver options in the SPE regions, a method for authorizing access to these waiver options will be developed such that an individual may choose their preferred waiver agent through which they may use their waiver option. But at this time, this is merely a concept. SPEs will play a critical role in linking individuals in need of and who desire community-based long term care with a local waiver agency for ongoing case management and delivery of in-home services. It is also expected that SPE demonstration projects will enter into collaborative agreements with the MI Choice waiver agents in order to conduct the level of care eligibility determinations for those under consideration for MI Choice.

Miscellaneous

Q24 *Can you walk us through a “typical SPE scenario” for John Doe, age 67, on Medicare and Medicaid, currently in an acute care hospital, will need nursing home care, then home health services. How will a SPE assist John?*

A24 A hospital discharge planner will engage an SPE options counselor to evaluate John’s functional eligibility for long term care while still in the hospital. Using a person-centered planning process, the options counselor and John (and his chosen allies) will discuss his strengths and preferences and how his needs can be met within these preferences. During and as a result of this process, John and his chosen allies are better supported to evaluate options and make service decisions. The options counselor will assist him with accessing his desired service options for which he is eligible. The options counselor will contact John subsequent to his discharge (including during a Medicare-covered skilled nursing facility stay) to discuss ongoing needs, experiences and preferences and to continue to assist with knowing the full range of options available. If John is in a nursing facility and expresses a desire to live elsewhere, the options counselor will assist John in planning his transition.

Q25 *Please explain how this process will work if either I am a consumer seeking help or a social worker advocating on behalf of a consumer needing more care.*

A25 Whether you are a consumer or a social worker advocating on behalf of a consumer, a call to the SPE will result in a telephone conversation to determine the information and assistance needs. When appropriate, an in-person interview between the options counselor, the consumer and his/her chosen allies to review options and begin the planning process will be arranged.

Q26 *Since the SPEs are funded by Medicaid, obviously Medicaid recipients will be served free of charge. Is it anticipated that SPE services will also be provided to those who are not eligible for Medicaid on a fee-for-service basis? How might this work? Will this be required of the SPEs?*

A26 Information and assistance will be provided to all callers at no charge. Individuals who are not financially eligible for Medicaid will be offered an opportunity to participate in options counseling on a cost-shared or fee-for-service basis. This effort is essential to helping individuals with resources to plan for and access desired services. A primary goal of the SPE is to assist all Michigan citizens with LTC needs. Aiding individuals with resources may assist them in efficiently using their own resources to meet LTC needs, and thus delay their need for Medicaid funded services.

Q27 *Where does home health care fit into the SPE process?*

A27 Home health care services funded by Medicare and/or Medicaid must be prescribed by a physician. The SPE will help individuals and their caregivers to understand the range of available benefits and assist them in accessing the services they choose. Each SPE is developing an expanded resource data base that will include such services. In addition, it is expected that information to help callers be informed shoppers will be provided.

- Q28** *The Office of LTC Supports and Services has a great deal of staff with background/ expertise with the AAAs and MI Choice Waiver. What expertise and experience does this office have regarding the DHS home help services program and Medicaid eligibility?*
- A28** The OLTCSS has staff experienced with Medicaid eligibility determination process, as well as staff very familiar with the Home Help program. When its staff does not have knowledge or experience in a particular area, the Office will collaborate with staff from other departments and agencies. Policy changes and enhanced dialogue will occur through an interagency workgroup.
- Q29** *What plans do you have to fund an external advocate for the SPEs as recommended by the Task Force?*
- A29** Even though supported by Task Force recommendations, funding is not available at this time to fund an external advocate. In the absence of an external advocate, the Office is committed to ensuring that protocols are in place to ensure that Medicaid persons served by a SPE are fully informed of their right to a fair hearing, and that grievance and appeals processes are in place to resolve issues for non-Medicaid persons. Discussions will continue on external advocacy and its specific role, as well as an examination of the funding options that might be tapped to provide external advocacy.
- Q30** *What are the locals doing about assuring an external advocate is available from the beginning?*
- A30** Each SPE is creating partnerships at the local level that will have, or in the future will have, an ombudsman program.
- Q31** *Since these are pilot projects was consideration given to testing different design models?*
- A31** Many models were considered. The existing pilots are using several approaches to partnership, governance, and purchased services. In all cases, the pilots are working to build on existing services and to not duplicate services.
- Q32** *What is the rationale for not awarding planning grants to previous applicants?*
- A32** DCH wants to ensure the broadest participation possible in the local planning process and believes that awarding a planning grant to a neutral entity (i.e., a community college or regional United Way) will achieve that result. It would be perceived as creating an unfair advantage if applicants in the initial round were provided planning grants when other interested parties are not.
- Q33** *If the SPEs will cost \$34 million over 27 months, why is only \$9 million budgeted for SPEs in the '07 budget?*
- A33** When the budgets for the entire 27 month period of the demonstration project were being allocated, it was believed that it would take the SPEs a period of time to “ramp-up” to full operations. If it turns out that the SPEs are able to do this sooner, adjustments can and will be made in budget allocations for the project.

Q34 *Is the LTC office pursuing all avenues to make mandatory referral a reality? When will that happen?*

A34 The Office is not currently pursuing mandatory referral, as this appears to be not possible in a partial SPE system. Mandatory referral for LOC determinations is a component of pending legislation (HB 5389) and is desirable in the long run. Discussions with the CMS regional office are being planned to ascertain whether it is possible under current regulations to put a mandatory referral process in place.

Q35 *Please explain the component of local partners under the SPE project. What types of providers, services, agencies, etc., can become a local partner? How do I, as a provider, go about establishing a local partnership with the SPE in my area and what can I do to ensure this partnership flourishes (is very active)?*

A35 SPEs were required to involve consumers and local stakeholders in the planning process. The variety of stakeholders varies from one site to the next but is intended to include consumers, advocates and providers at a minimum. Any interested party can participate as a local stakeholder, providing input at public forums, and volunteering to serve on local workgroups and committees. Those interested in participating in local planning and governance should contact the SPE in their area to inquire about the process being used to involve stakeholders.

Q36 *Please explain in more detail the nomination processes for governing and advisory board. Who will be eligible to serve? How does one get nominated? Etc.?*

A36 Boards will be comprised of primary and secondary consumers as well as provider organization representatives. Individuals wishing to participate in governing and advisory boards at the local level should contact the individual SPE in their area for information on how to apply.

Q37 *Please tell us about the extent of consumer involvement in the workgroups and how that can be expanded?*

A37 Consumers are to be heavily involved at the local level in the initial planning, development, and ongoing governance of the SPEs. Four members of the LTC Commission are active in three of the state-level workgroups. These commissioners are consumers and represent consumers. It is the position of the OLTCSS that consumers can have the greatest impact participating at the local level, where operating processes and protocols are developed and implemented.

Q38 *Are you expanding to all Michigan counties and when?*

A38 The Legislature initially wants to keep the demonstration to the four identified service areas and requires an evaluation prior to expansion. Depending on successful outcomes, the initiative is planned to go statewide at the conclusion of the demonstration period in FY 2009.

Q39 *Mike mentioned that creating independent agencies is a national trend for SPE development. Can you identify some other states using this design?*

- A39** Florida passed single point of entry legislation that prohibits direct providers of service from being a SPE. Aging and Disability Resource Center grantees in AK, IA, LA, ME, NC, NM, and WV provide SPE functions but not waiver or other provider functions. New Hampshire and Wisconsin have detailed conflict of interest components; in Wisconsin, the Aging & Disability Resource Centers are separate from the Family Care plans.
- Q40** *In many of the past discussions about SPEs, the concept of no wrong door was changed to a single point of entry. Can you elaborate on your concept of no wrong door?*
- A40** The goal is that consumers, regardless of where they call or inquire, would receive good information and connection to staff from the SPE. This is achieved through communication and shared training offered in SPE regions.
- Q41** *Can you create a website for posting all kinds of materials from the SPE demonstrations, Commission, PCP Action League, Legislature, etc.?*
- A41** A website has been created at www.michigan.gov/ltc to keep interested parties informed about Commission and Office activities, SPE demonstration projects, and other related long term care systems change issues. A page with SPE demonstration project information and updates will be available in the very near future.
- Q42** *Can we get copies of today's power point presentations?*
- A42** Copies are available at www.michigan.gov/ltc.